

Name  
in  
Full

Ella C M Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County			
1909	Month	Day	Years	Months	Days
Date of death	Age				
Sex	Female	Color or Race	white	Birth-place	Pa
Occupation	Servant	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	-	Father's Birthplace	Ireland
Father's Name	Wm Barrett			Mother's Birthplace	"
Mother's Maiden Name	Ellen Sullivan			How related to deceased	Sister
Name of person giving Information	mary S Barrett				

CAUSES OF DEATH

Primary

Heart disease

79

How long

several years

Immediate

Loss of compensation

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

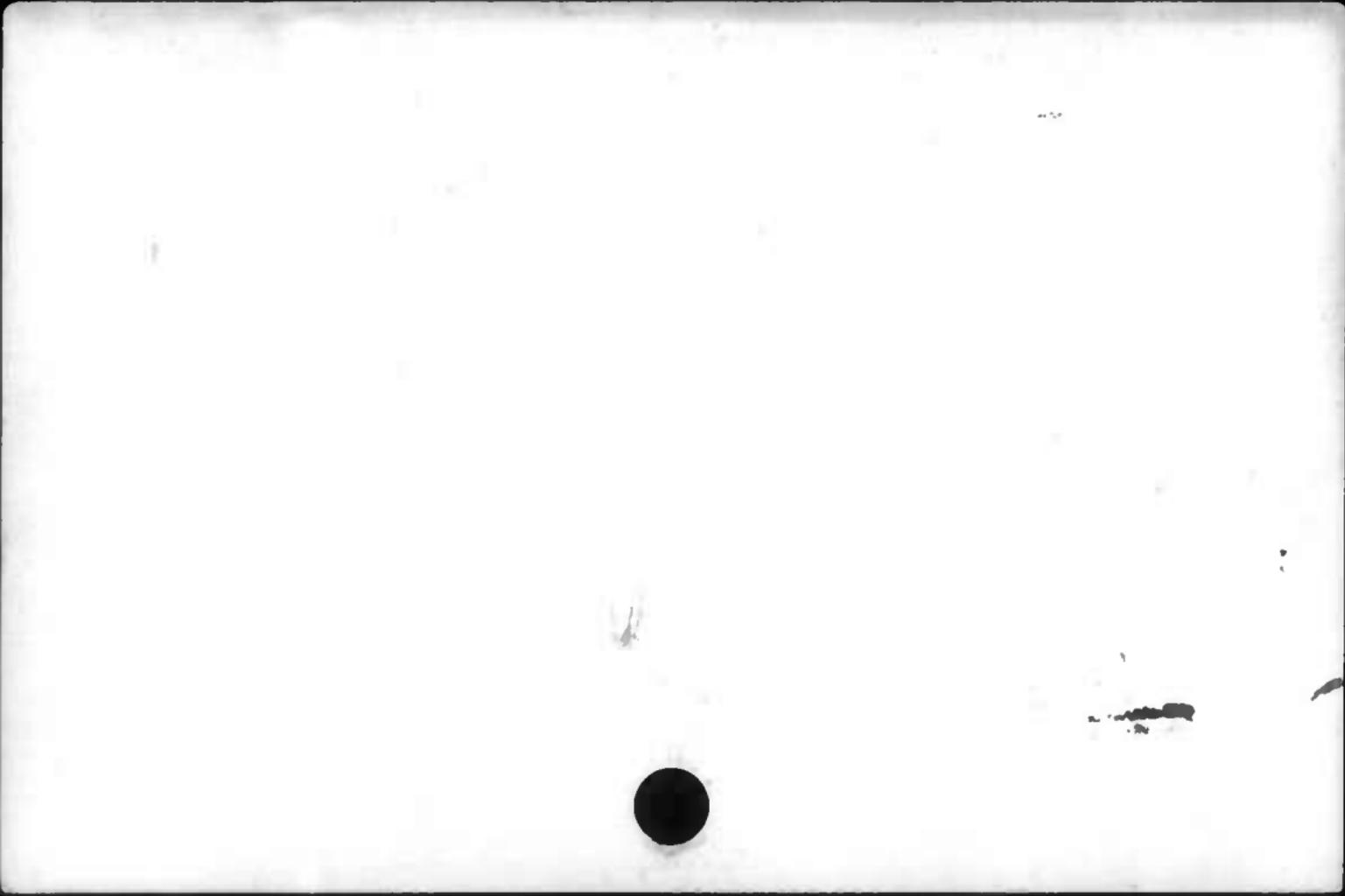
Signature of Physician

Address

Hawkins Mitchell Esq.  
Elkton Md

PHYSICIAN  
OR CORONER

A [redacted] suicide



Name  
in  
Full

Anna M. Blakes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	
Father's Name	Absalom W. Lanley		Mother's Birthplace	
Mother's Maiden Name	Olevia Terrell		How related to deceased	
Name of person giving Information	Harriet Terrell		42	How long

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Carcinoma of uterus

Immediate  
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

O. J. Connies M.D.

Address

Accident or Suicide

287

2

Name  
in  
Full

Thomas, Braddy Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

St. Augustine

County

Cook

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909

10

1

Age

8

11

Sex

Male -

Color or  
Race

Cloud.

Birth-  
place

St. Augustine

Occupation

Where Raiding if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Thomas Braddy.

Benie C.

Mother's  
Maiden Name

Mary. Dent (Kinn)

Benie C.

Name of person giving  
Information

Thump Braddy.

Father

CAUSES OF DEATH

Primary

Tuberculosis

27

Immediate

11

only Son Chalton ever than dying

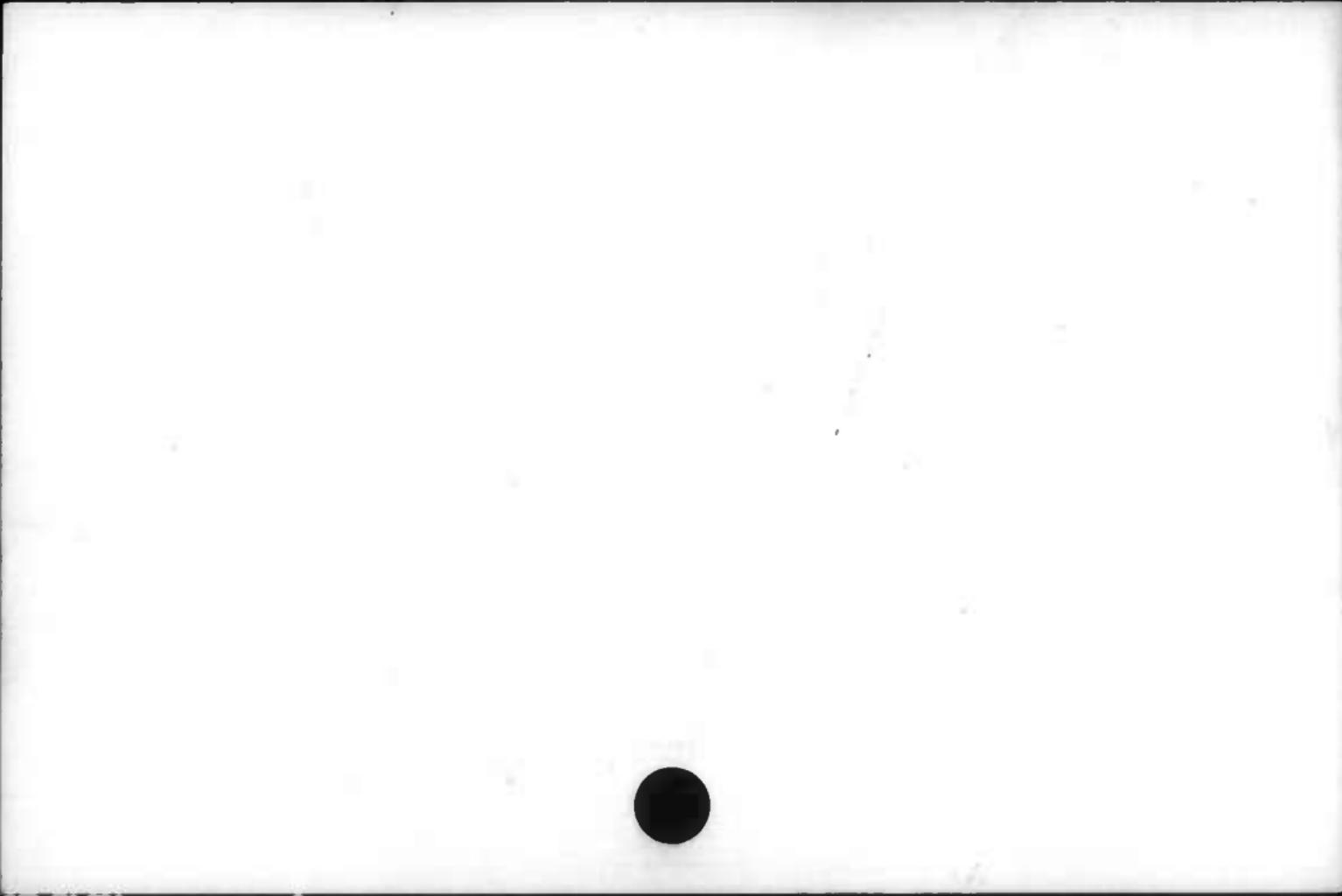
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

D. J. Dorey M.D.  
Chesapeake City  
Md

Accident or Suicide



Name  
in  
Full

Elizabeth Row Cline,

CERTIFICATE OF DEATH

To BE ANSWERED BY  
• NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Colora	Cecil					
Date of death	1909	Month 10	Day 22	Age 92	Years	Months 1	Days 7
Sex	female	Color or Race	white	Where Residing if not at place of death	Colora		
Occupation	None						
Married, Single or Widowed	widow	Name of Wife or Husband	None J. Cline				
Father's Name	Isaac Bond				Father's Birthplace	Pennia	
Mother's Maiden Name	Maria Row				Mother's Birthplace	Pennia	
Name of person giving information	Mabel Giespie				How related to deceased	Grand Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Catarrhal Meningitis  
Immediate Exhausted

92

3 weeks

How long

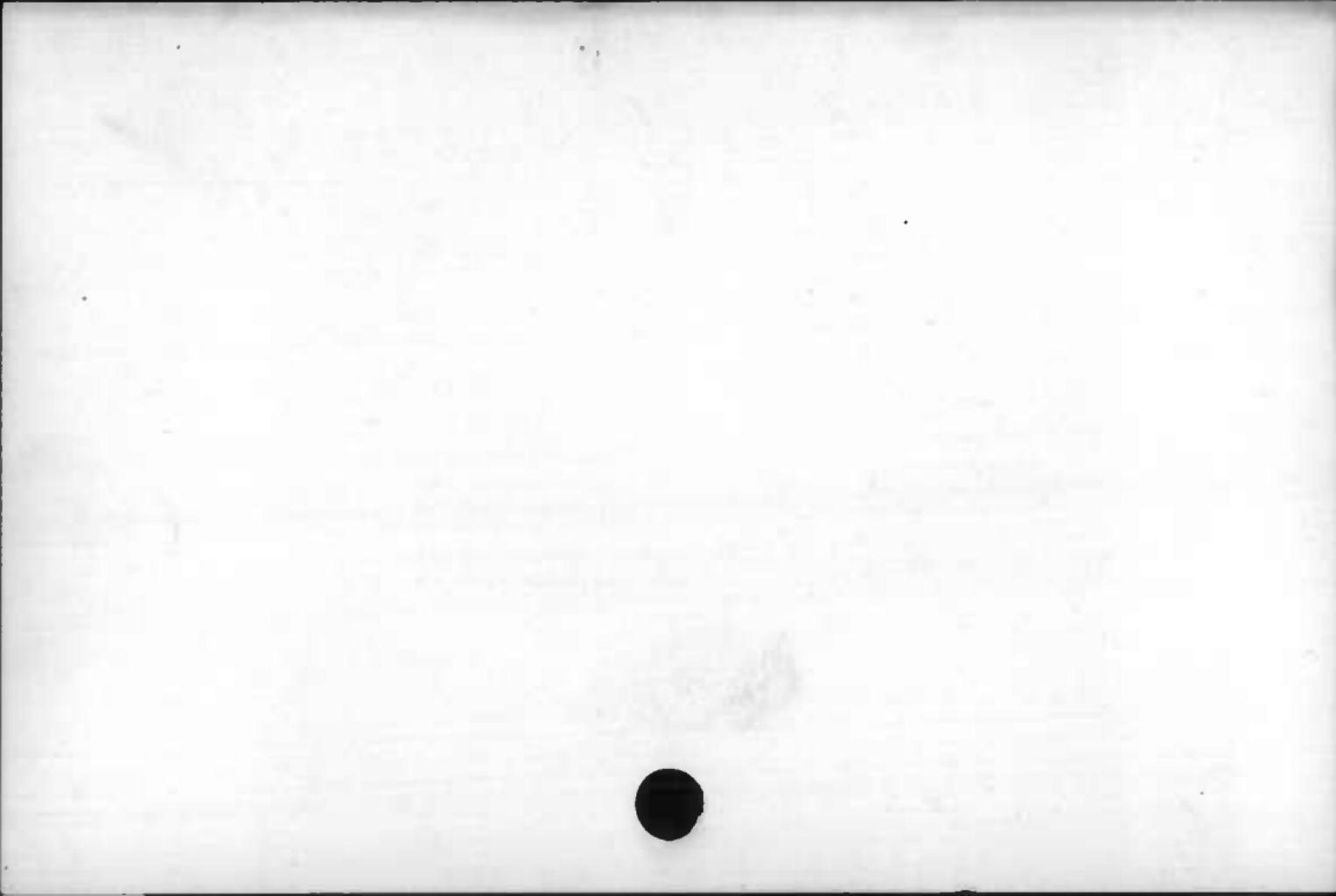
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes  
Ernest Rowland  
Liberty-Grove Md

Accident or Suicide?



Name  
in  
Full

Curt Cosolen  
<sup>in town the</sup>  
Alms House

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at County MARYLAND  
Month Days Months Days

Date of death 1909 Oct 11 Age 60

Sex Male

Color or  
Race

White

Birth-  
place

Not known

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Not known

Father's  
Name

Not known

Father's  
Birthplace

Not known

Mother's  
Maiden Name

"

Mother's  
Birthplace

Name of person giving  
Information

CAUSES OF DEATH

Primary

Acute Enteritis

106

Immediate

Exhaustion

How long

✓

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

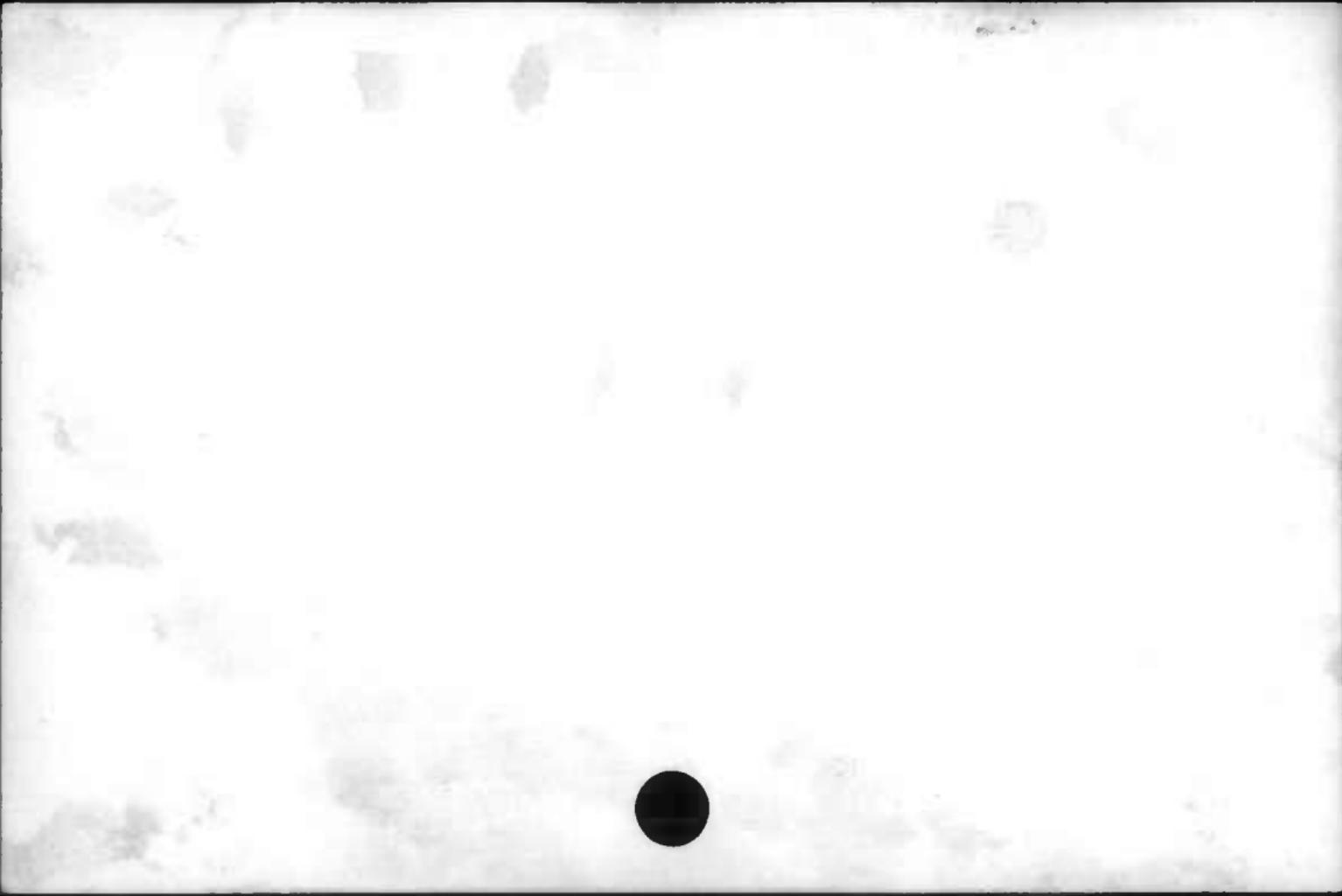
Address

W. A. Morrison  
Elkton Md

PHYSICIAN  
OR CORONER

Accident or Suicide

J



Name  
in  
Full

Joseph Dugan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Month	Day
Sex	Color or Race	Age	Ireland		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Spouse	Name of Wife or Husband		Elizabeth Dugan	
Father's Name	Ireland				
Mother's Maiden Name	" "				
Name of person giving Information	wife				

CAUSES OF DEATH

Primary: Sarcoma of knee joint 4 mos  
How long: 4 mos

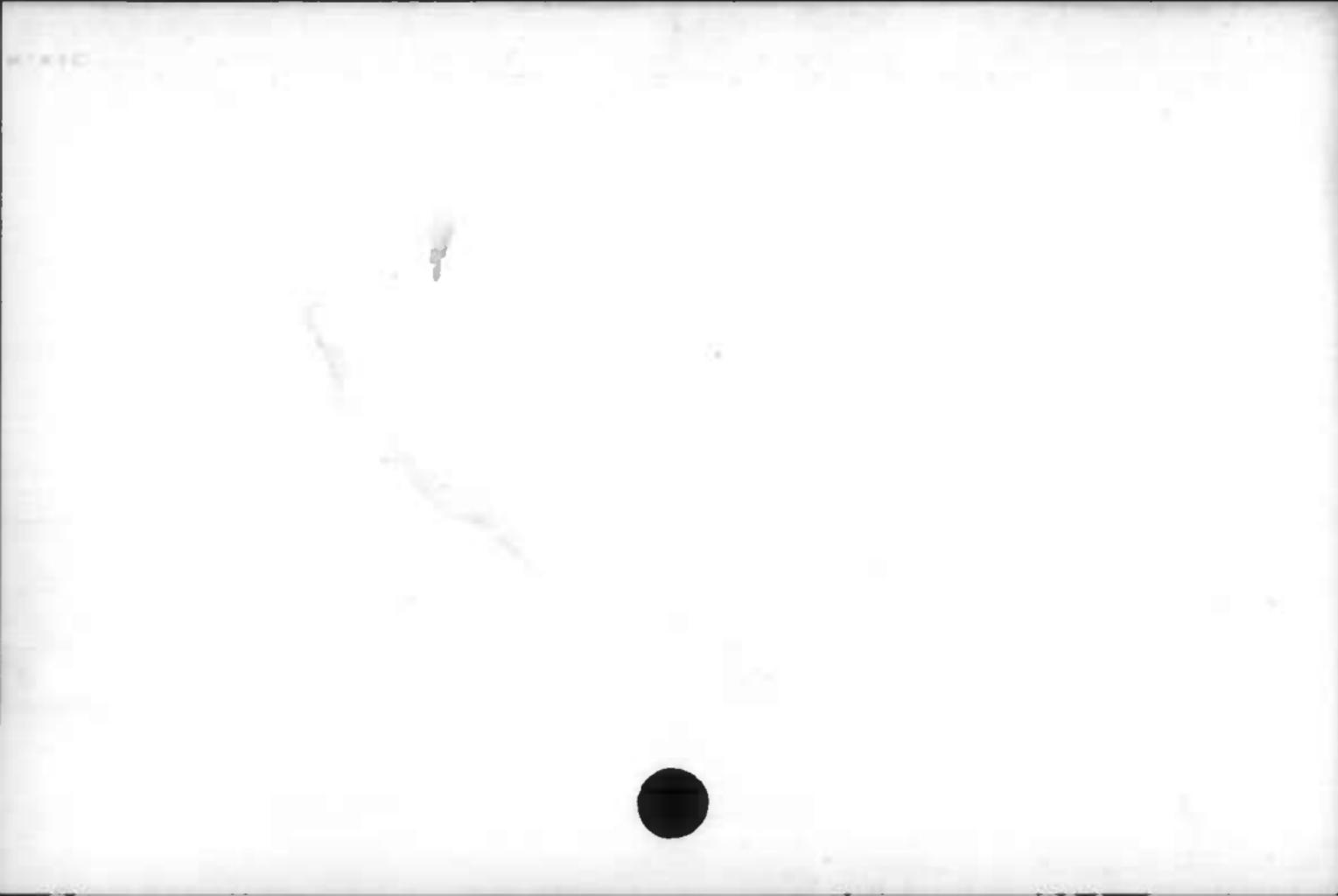
Immediate: Hemorrhage 24 hours  
How long: 24 hours

Are the name, age, sex, color, date and place correctly given above?

J

Signature of Physician

Address



Name  
in  
Full

Mary J Gamble

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Own Providence		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	white	Birth-place	md
Occupation	None (Retired)			Where Residing if not at place of death	
Married, Single or Widowed	widowed	Name of Wife or Husband	Unknown		
Father's Name	James Russell			Father's Birthplace	md
Mother's Maiden Name	Charlotte McFey			Mother's Birthplace	md
Name of person giving information	Mrs Settle			How related to deceased	Daughter

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary	Chronic Nephritis
Immediate	Dilated Heart
Are the name, sgs, sex, color, date and place correctly given above?	
Yes	
Address	O.P. Corrino M.D. Cherry Hill, Md.
Accident or Suicide	

284

Name  
in  
Full

Lydia Gorrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Theodore

County

Cecil

MARYLAND

Date  
of death

Month

Day

Years

1909

Oct

16

78

Age

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Philadelphia

Occupation

Laundress

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Charles Gorrell

Father's  
Name

John McCormick

Father's  
Birthplace

New York

Mother's  
Maiden Name

Maria Bally

Mother's  
Birthplace

New York

Name of person giving  
Information

Amanda Stewart

How related  
to deceased

Primary

General Debility

CAUSES OF DEATH

154

How long

How long

Only few days

PHYSICIAN  
OR CORONER

Immediate

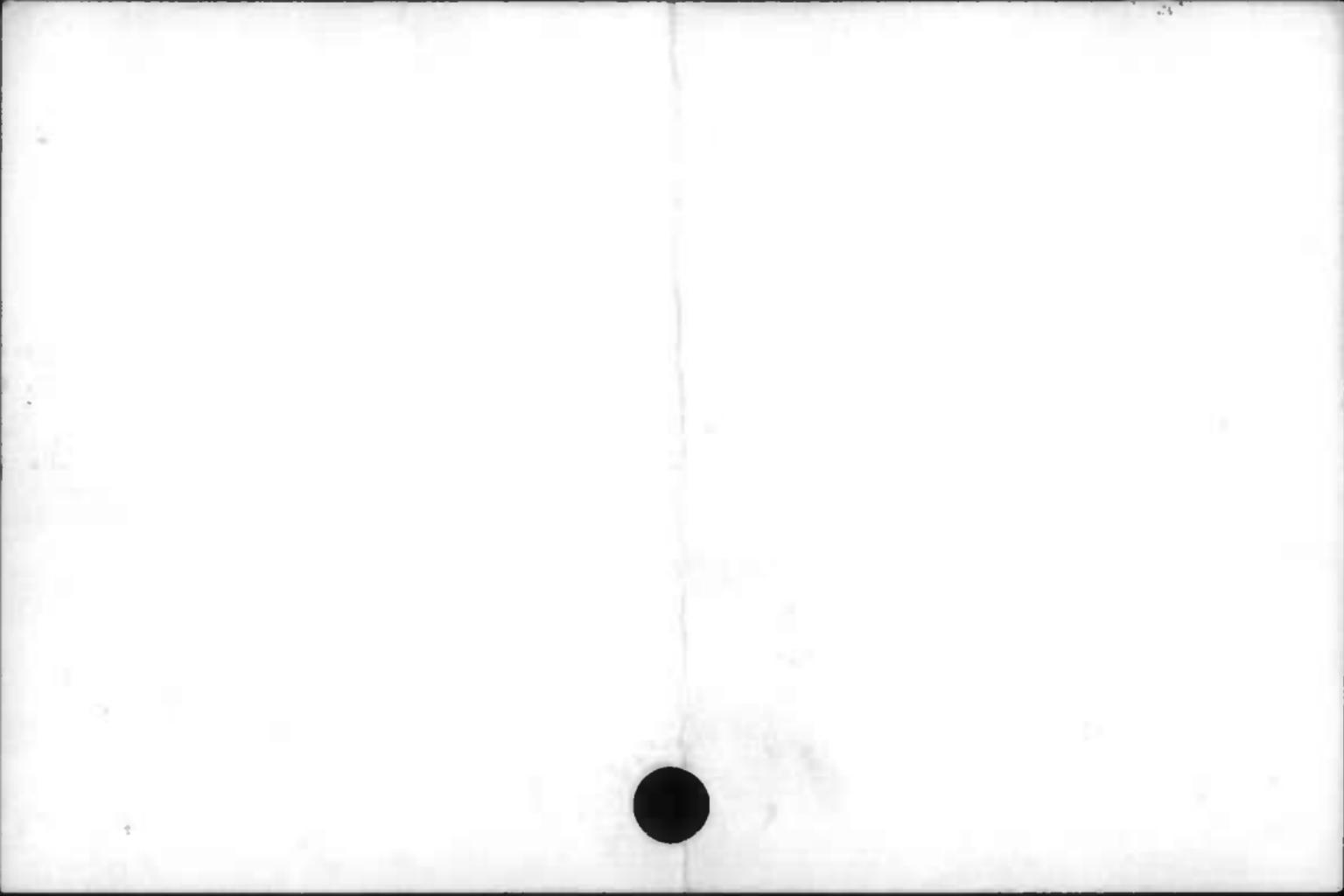
Signature of  
Physician

Address

B. Langley  
North 10th  
St.

Are the name, age, sex, color, date  
and place correctly given above?

Death - Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Richard Gibson  
Near Eton Cecil

Died at

Town

County

Date  
of death 1909

Month

Day

Years

Months

Days

Age 52

Sex Male

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation Labour

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Mary Gibson

Father's  
Name

William Gibson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Lizzie Brattan

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Wm H Gibson

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Immediate

Drowned

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

172

How long

How long

Accident or Suicide

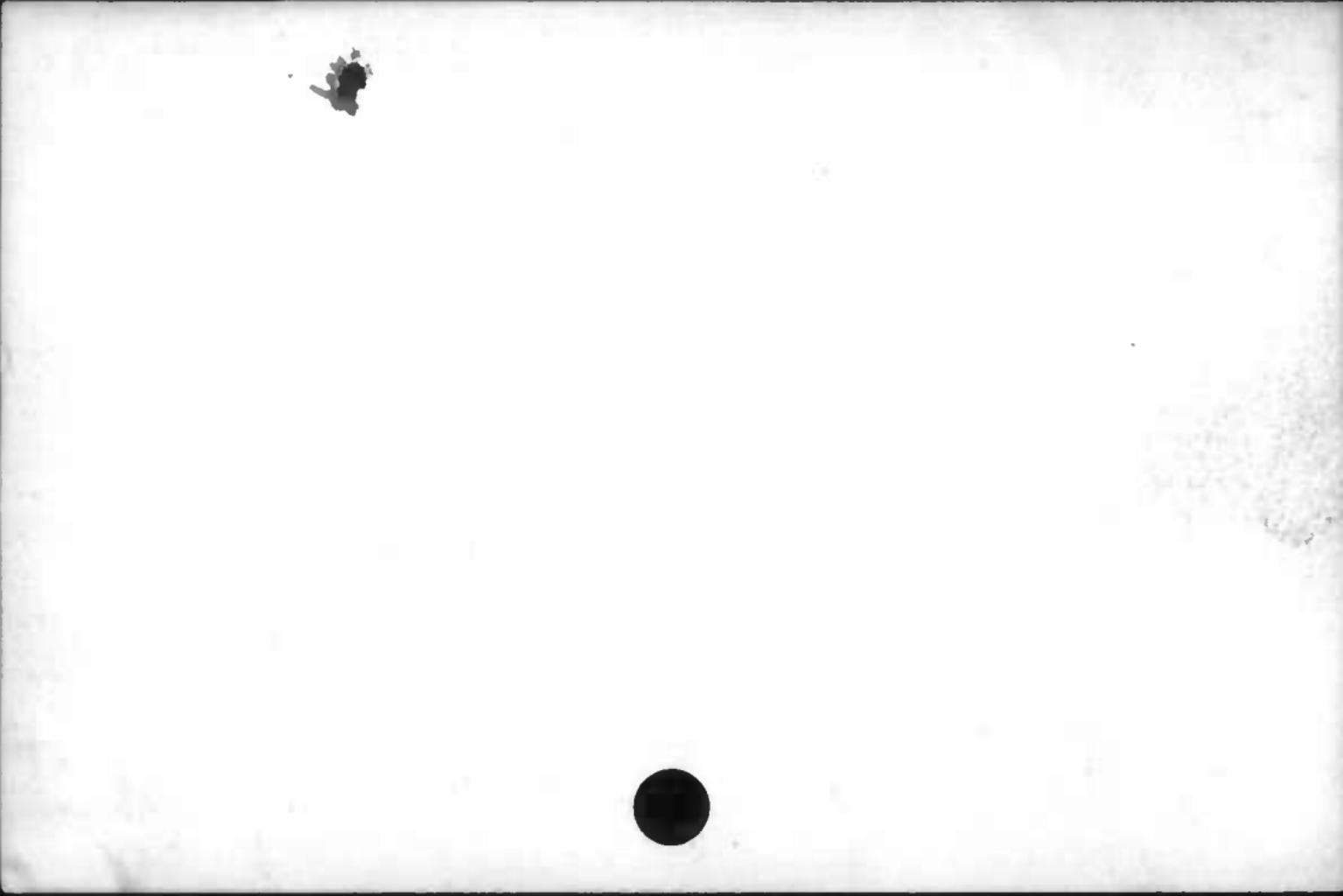
Holiday

Frank Frazier Corcoran  
Eaton Md

CERTIFICATE OF DEATH

MARYLAND

OFFICE SUPPLY CO., 2284



Name  
in  
Full

Eliza J. Graham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Liberty Grove County Leeside

Town Died at Month Day Age Years Months Days  
Liberty Grove 1909 10 13 78 7 5

Sex Female Color or Race White

Occupation None Where Residing if not  
at place of death

Married, Single or Widowed Widowed Name of Wife Husband Theodora Graham

Father's Name Thomas Caldwell Father's Birthplace Delaware

Mother's Maiden Name Elizabeth Woodrow Mother's Birthplace Maryland

Name of person giving Information Roberta Graham How related to deceased Daughter

CAUSES OF DEATH

Primary

Initial Disease & Chronic Complaint General gears

Immediate

Heart Failure Impaired to

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

8

Accident or Suicide

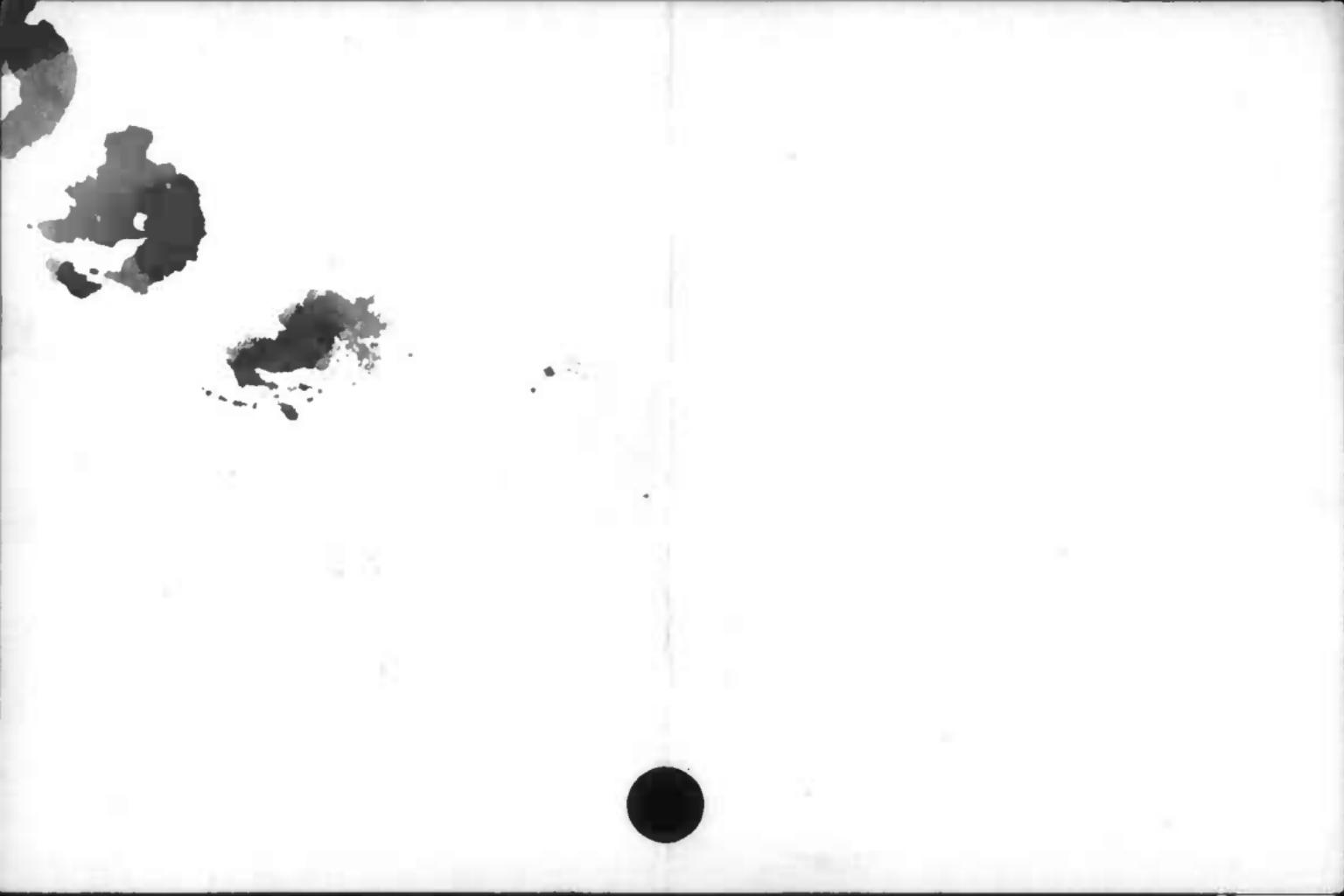
79

How long

How long

MARYLAND

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sarah Amy Harrington

Town County

Died at North East Cecil

Date Month Day Years

of death 1909 Oct 2 Age 73

Sex Female Color or Race

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name John Davis Thomas Harrington

Mother's Maiden Name Sarah Amy Davis

Name of person giving Information Mary Harrington

CERTIFICATE OF DEATH

MARYLAND

Montha

Deys

Birth-place Living England

Death East

Father's Birthplace

Mother's Birthplace

How related to deceased

Daughter

How long

for years

79

How long

for years

CAUSES OF DEATH

Primary

Heart Disease

Immediate

Signature of  
Physician

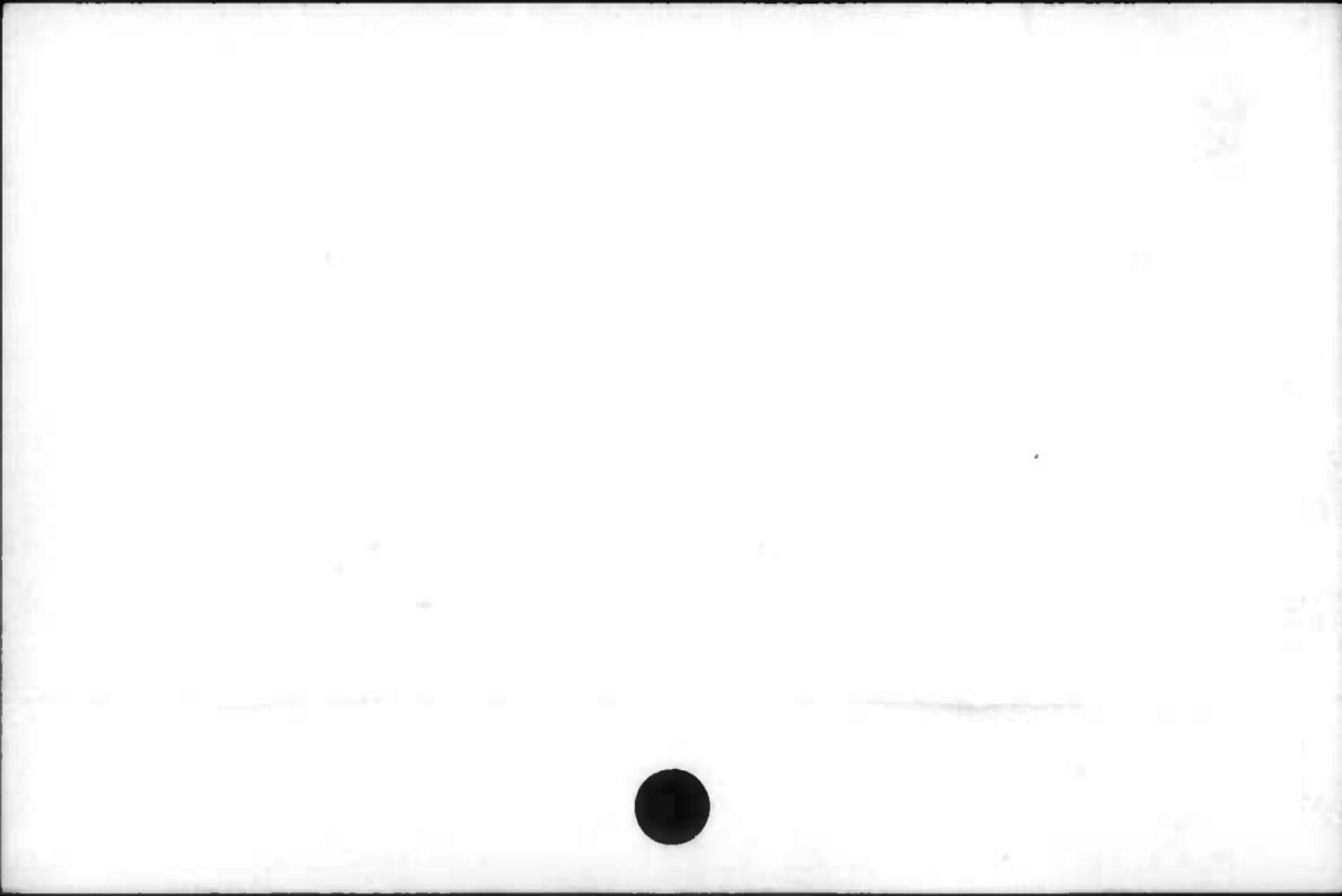
Address

Are the name, age, sex, color, date and place correctly given above?

8

Accident or Suicide

L F Hammock  
North East Md



Name  
in  
Full

George D Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at North East Cecil County

MARYLAND

Date of death 1909 October 30

Months 4

Days 14

Month Day

Years

Age

Sex Male Color or Race

Birth-place

Occupation

White

cecil banty

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Annie De Mond

Father's Name

George Jones

Father's Birthplace

cecil conty

Mother's Maiden Name

Annie De Mond

Mother's Birthplace

cecil county

Name of person giving  
Information

Mrs Ella De Mond

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Inanition

179

How long

Immediate

3  
B. Daugler  
W. Toms

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

J

Beth

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Job. Heines Kirk

CERTIFICATE OF DEATH

Died at

Town

County

West Rising-Sun Cecil

MARYLAND

Date  
of death

1909

Month

Oct.

Day

22

Years

69

Month

8

Deys

3-

Sex

Male

Color or  
Race

White

Birth-  
place

Cecil Co., Md.

Occupation

Farmer

Where Residing if not  
at place of death

West Rising-Sun Md.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Elizabeth H. Kirk

Father's  
Name

Samuel Kirk

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Leidia Wilson

Mother's  
Birthplace

Penna.

Name of person giving  
Information

Elizabeth H. Kirk

How related  
to deceased

Hifg

CAUSES OF DEATH

Primary

Paralysis

66

How long

six weeks

Immediate

do

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Lessie Richardson

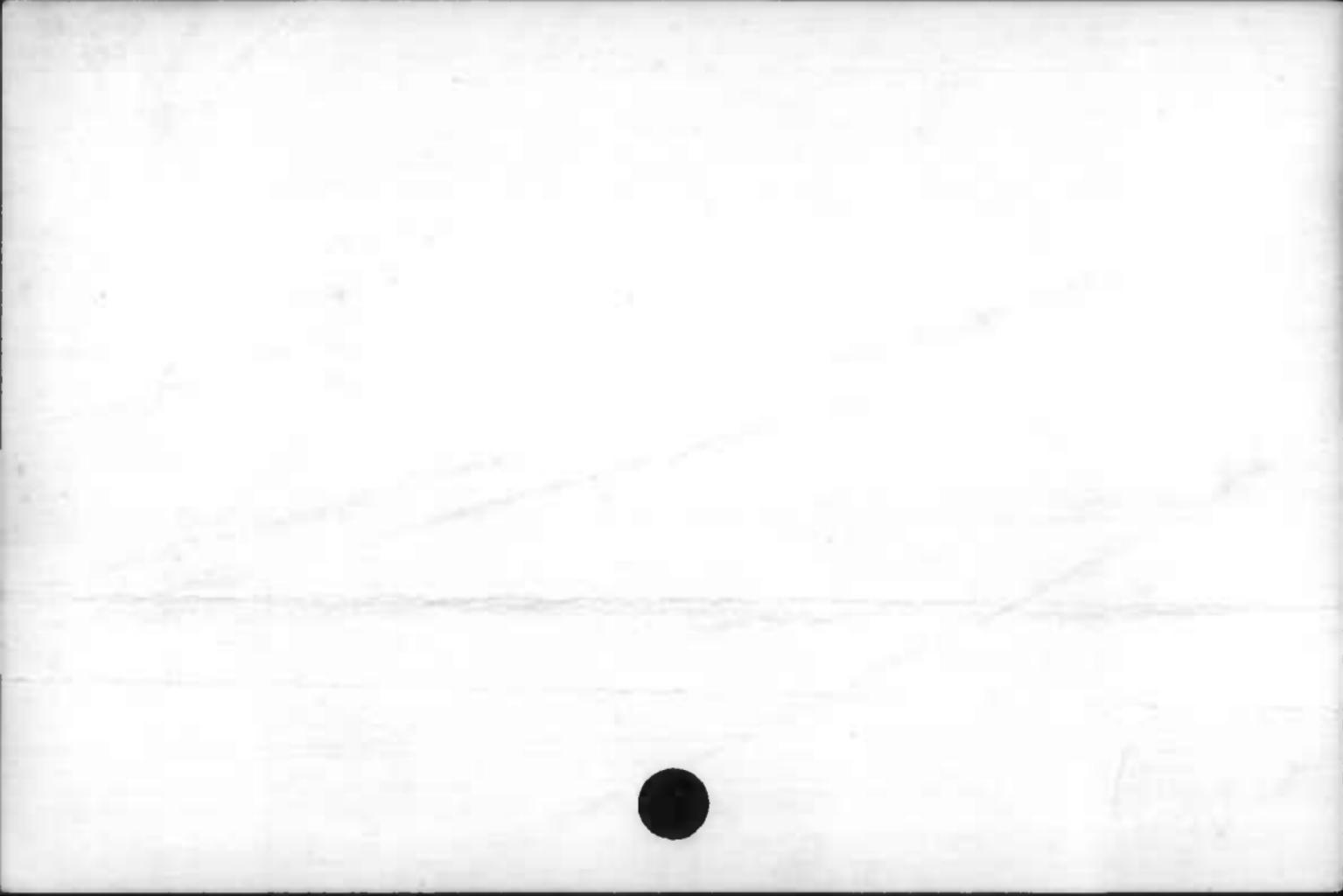
Address

Rising Sun

F.H.D. #2

Mr-

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Wm J Holister  
Weaverton

CERTIFICATE OF DEATH

MARYLAND

Died at Town County Month Year Month Days

Date of death 1909 Oct 29 Age 15

Sex Male

Color or Race

White

Birth-place

Ed

Occupation

Fanner

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Eldard Holister

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Francis Meyer

Mother's  
Birthplace

New  
York

Name of person giving  
Information

Francis Holister

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Scarlatina Maligna

7

How long

24 hours

Immediate

Heart lesion (presumed)

24 hour

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

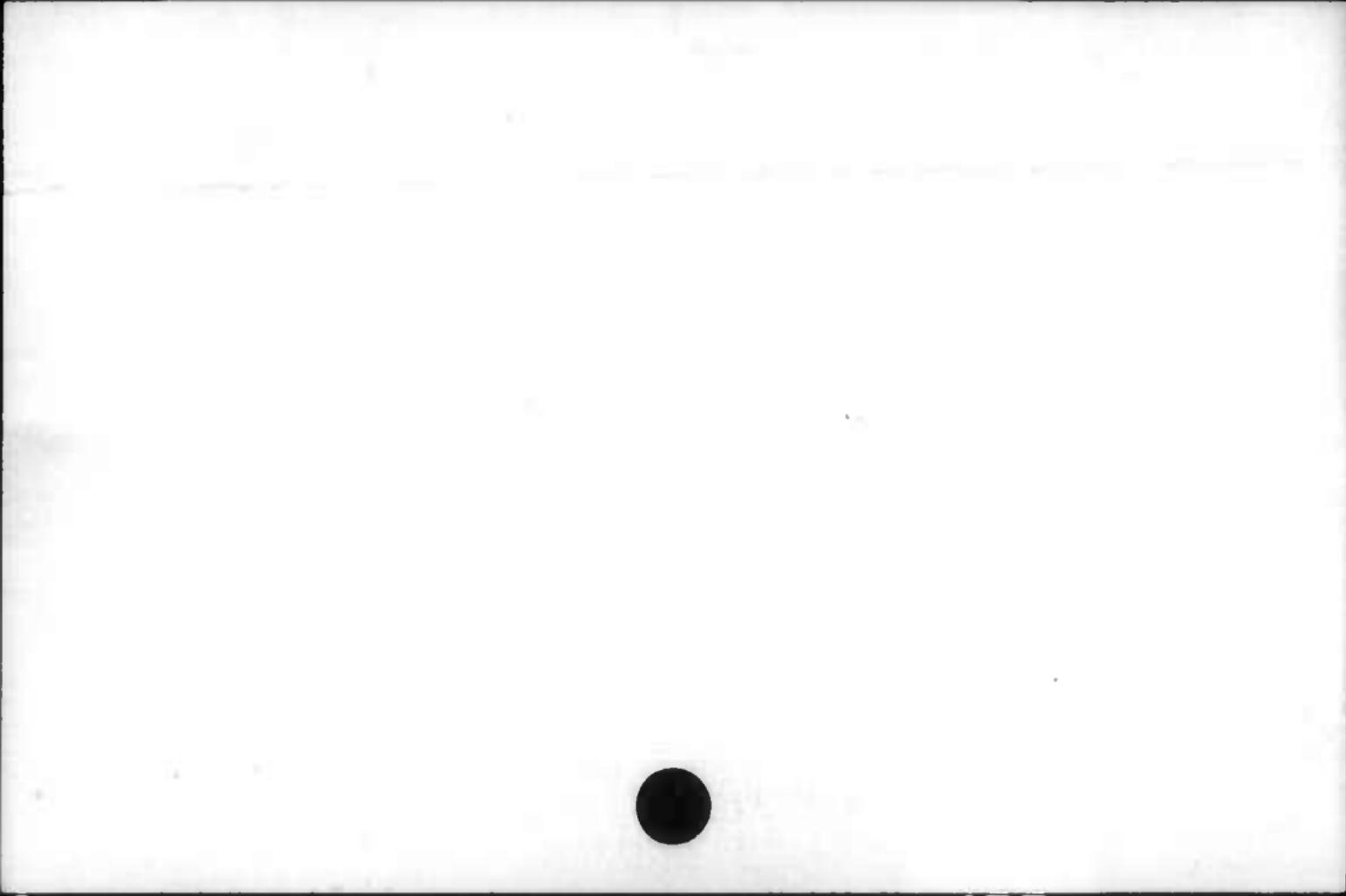
W.C. Barnes

Address

Chesapeake City Md.

8

Accident or Suicide



Name  
in  
Full

Ruth S. A. Rowland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Death	Months		
Mechanics Valley	East	Days		
Date of death 1909	Month Oct	Year 15	Age 12	10
Sex Female	Color or Race white	Birth-place East Co.		
Occupation School	Where Residing if not at place of death			
Married, Single or Widowed S	Name of Wife or Husband			
Father's Name Walter A. Rowland	Father's Birthplace East Co.			
Mother's Maiden Name Sette Scarborough	Mother's Birthplace East Co			
Name of person giving Information Walter A. Rowland	How related to deceased Father			

PHYSICIAN  
OR CORONER



Immediate

Are the name, age, sex, color, date and place correctly given above?

Toxæmia  
Heart failure

yes

Signature of Physician

Address

Dr. D. Cawley  
Electro  
med.

Accident or Suicide

55  
How long 4 days  
How long 4 days  
Dad to

New records

Name  
in  
Full

Margaret Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Elderslie

County

Cecil

MARYLAND

Date  
of death

Month

Day

1909 Oct 20

Years

82

Months

8

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

John W. T. Owens

Father's  
Name

Thomas Ruggins

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Catharine Evans

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Mrs Addie Scott

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Cerebral hemorrhage  
followed by general paralysis

64

How long

Six days

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

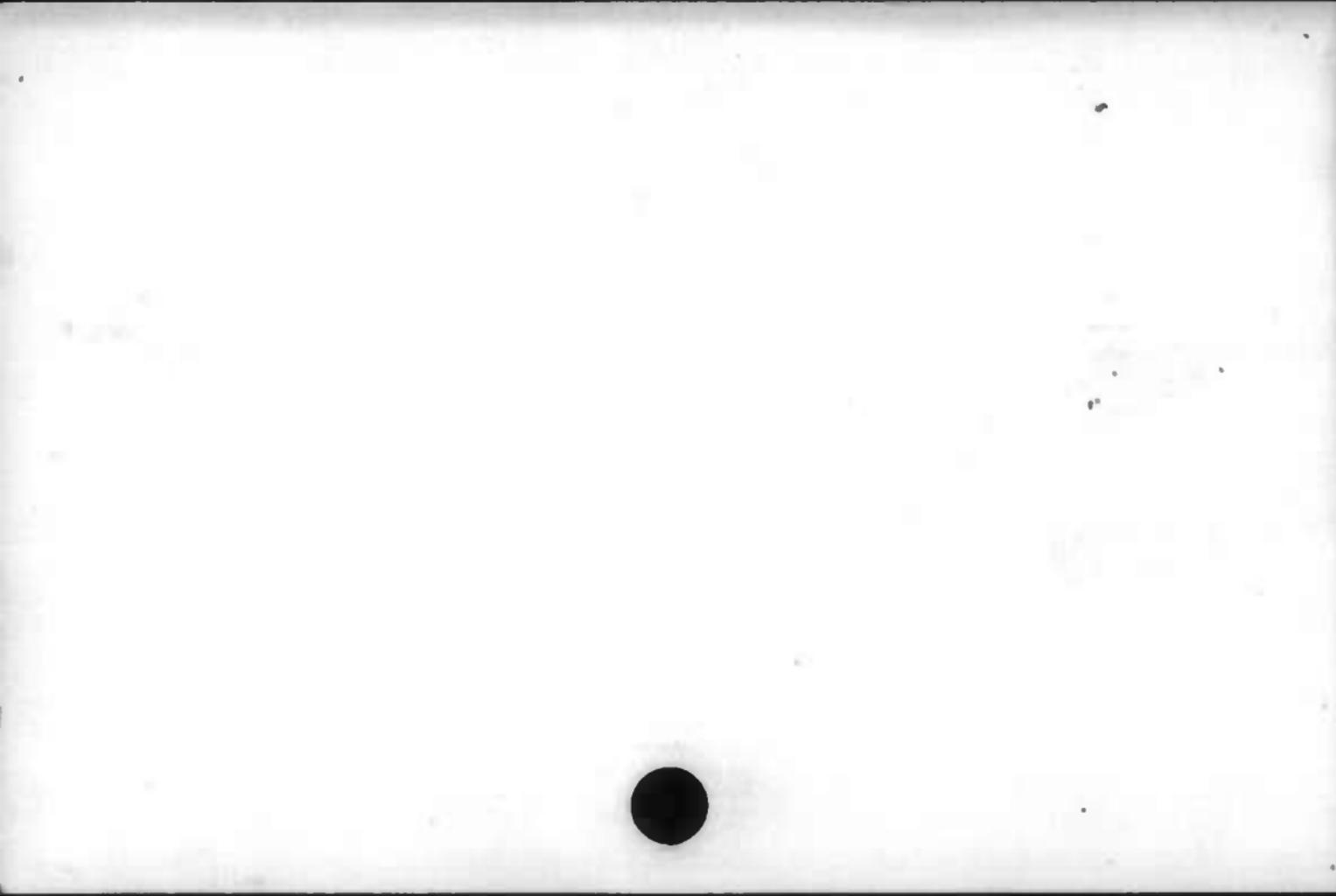
Walter H. Steel M.D.

Address

Newark  
Delaware

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Anna Viola Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Days

Date  
of death

Month

Day

Years

Months

1909 Oct

Age

5

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Where residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Joseph S. Porter

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Carrie Ash

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Joseph S. Porter

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

179

✓

5 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H. Arthur Mitchellos  
Elektra Fed.

PHYSICIAN  
OR CORONER

Act of Suicide

236

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henry Sallisbury

CERTIFICATE OF DEATH

MARYLAND

Died at Alms House Town County Cecil

Date of death 1909 Month Day Years Months Days

Age 45

Sex Male Color or Race

Black

Birth-place Cecillo

Occupation Laborer

Where Residing if not  
at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name

James Sallisbury

Father's Birthplace

Not known

Mother's Maiden Name

Not known

Mother's Birthplace

Name of person giving Information

Mary Williams

How related to deceased

Cousin by marriage

CAUSES OF DEATH

Primary

Myocardial insufficiency

79

Now long

Immediate

Heart failure

6 mos

Are the name, age, sex, color, date  
and place correctly given above?

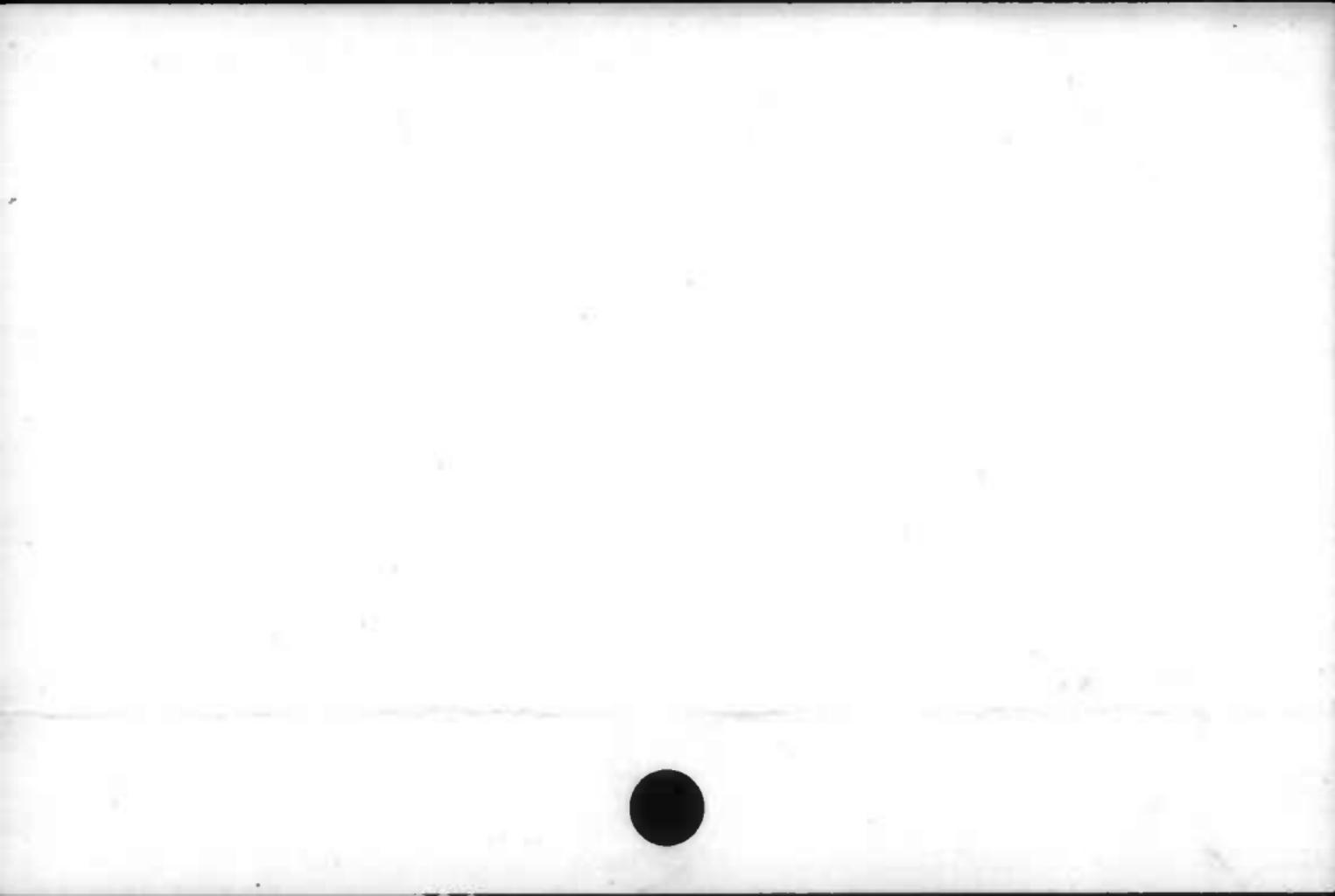
Yes

Signature of  
Physician

Address

W. T. Morrison  
Elkstone Md

Accident or Suicide



Name  
in  
Full

Catharine Simmons

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Diad at	Town	County	MARYLAND
Date of death 1909	Month Oct	Day 8	Years 1 year
Sex Female	Color or Race white	Birth-place md	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Joyal Simmons	Father's Birthplace	md
Mother's Maiden Name	Laura V Rothwell	Mothar's Birthplace	md
Name of person giving Information	Joyal Simmons	How related to deceased	Father

PHYSICIAN  
OR CORONER

Rickel's

CAUSES OF DEATH

Primary

Convulsions

146

How long

Immediate

D W Gawley

How long

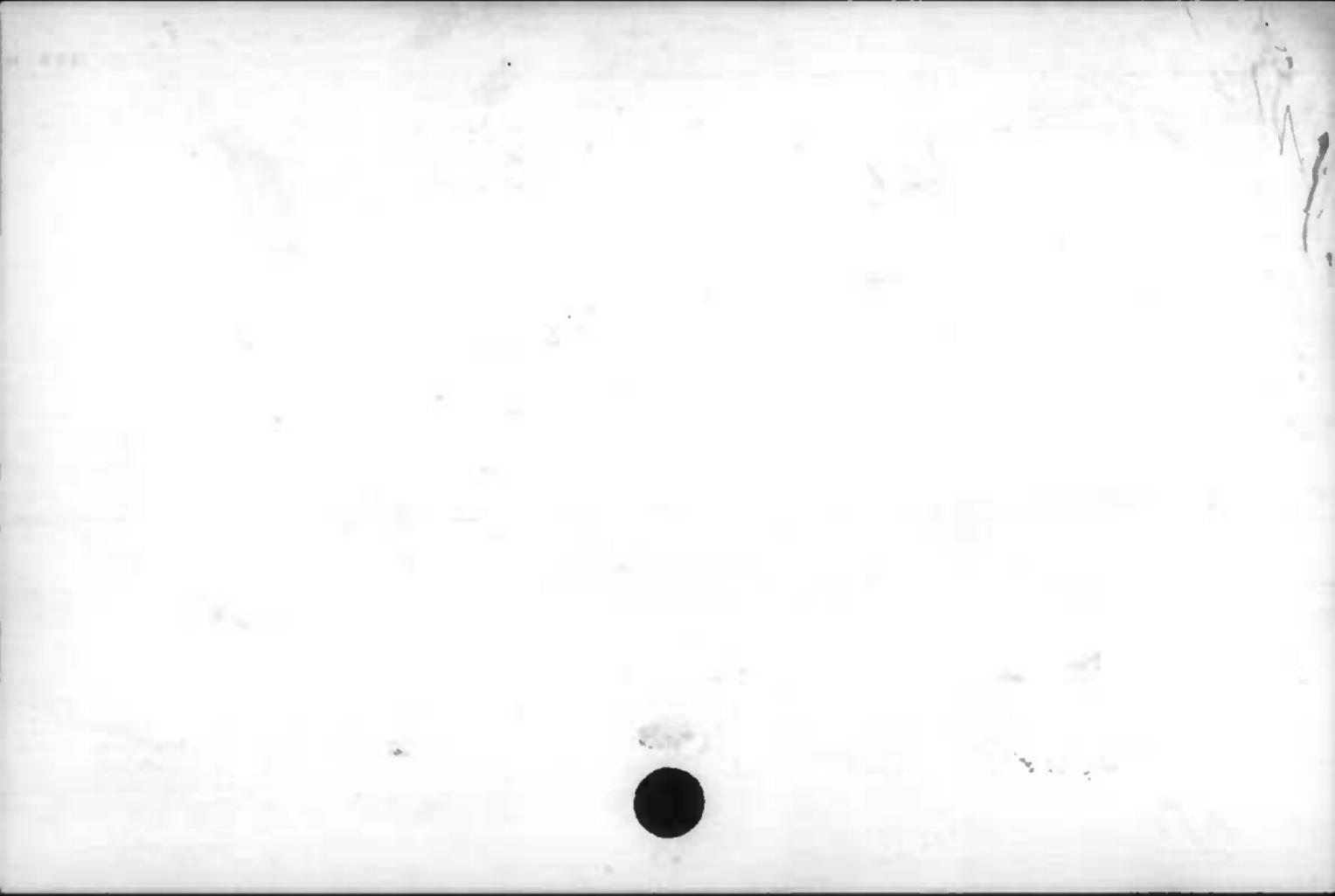
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

8  
ccident or Suicide

Elston  
md.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Thomas  
Alms House Crail

Died at Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date  
of death

1909 10

6

69

—

Sex

Male

Color or  
Race

White

Birth-  
place

Unknown

Occupation

Laborer

Where Reiding if not  
at place of death

Marrid, Singla  
or Widowed

Singla

Name of Wife or  
Husband

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

J. W. Mahoney

How related  
to deceased

No

CAUSES OF DEATH

Primary

Chronic Laryngeal Enteritis

How long

Immediats

Exhaustion

How long

Are the name, age, sex, color, date  
and pleca correctly given above?

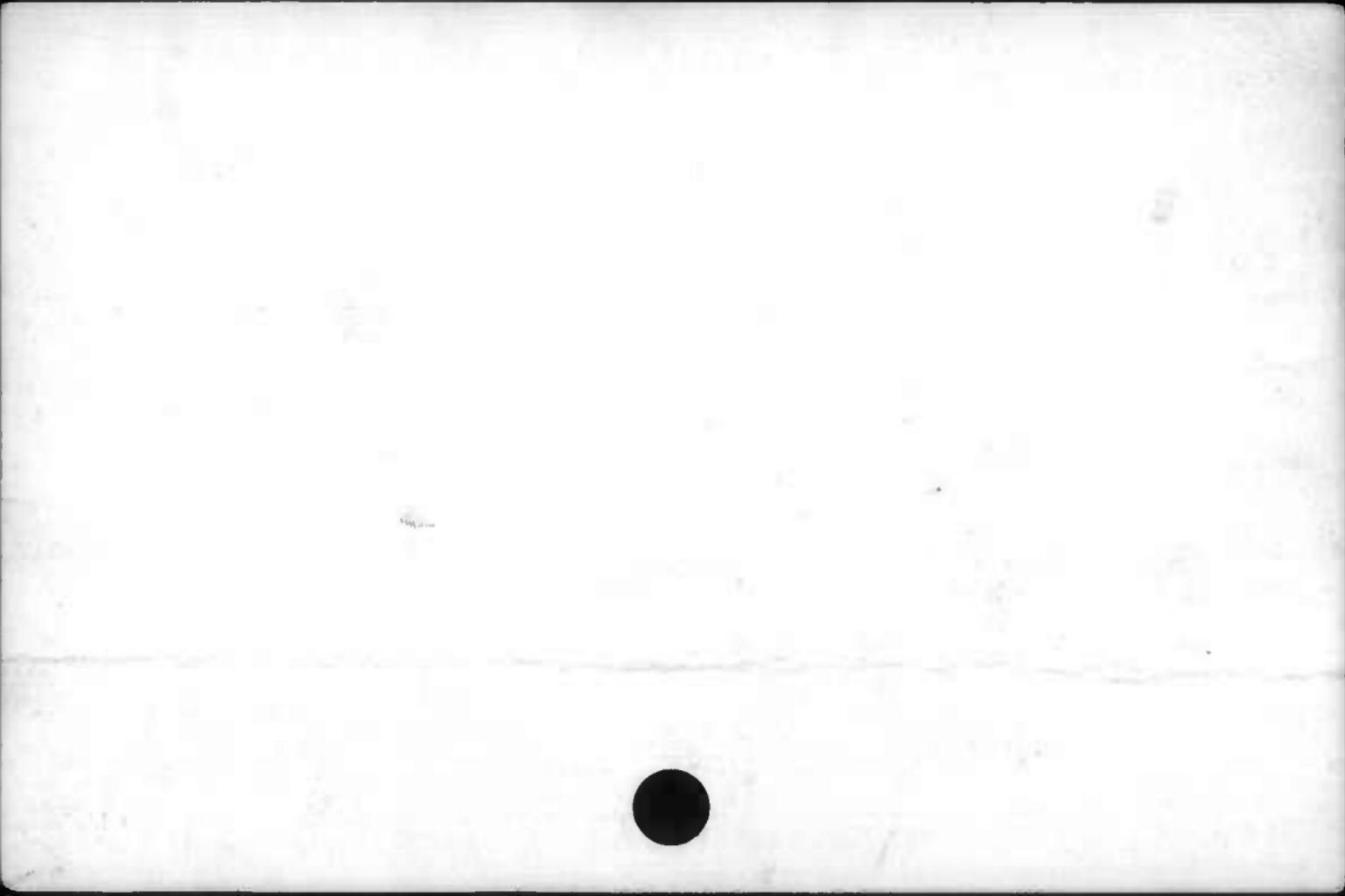
Yes

Signature of  
Physician

Address

George Thomas  
Unknown  
Enteritis

Accident or Suicide



Name  
in  
Full

Paul Trocini

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND				
Died at Elkton	Cecil					
Date of death 1909	Month 10	Day 20	Age -	Years -	Months 5-	Days 5-
Sex male	Color or Race white	Birth-place near Port Deposit				
Occupation —	Where Residing if not at place of death Port Deposit					
Married, Single or Widowed Single	Name of Wife or Husband —					
Father's Name Angelo Trocini	Father's Birthplace Italy					
Mother's Maiden Name Rosina Bozzi	Mother's Birthplace Italy					
Name of person giving Information Rosina Bozzi Trocini	How related to deceased Nookie					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Meningitis

(61) ✓

How long

15 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

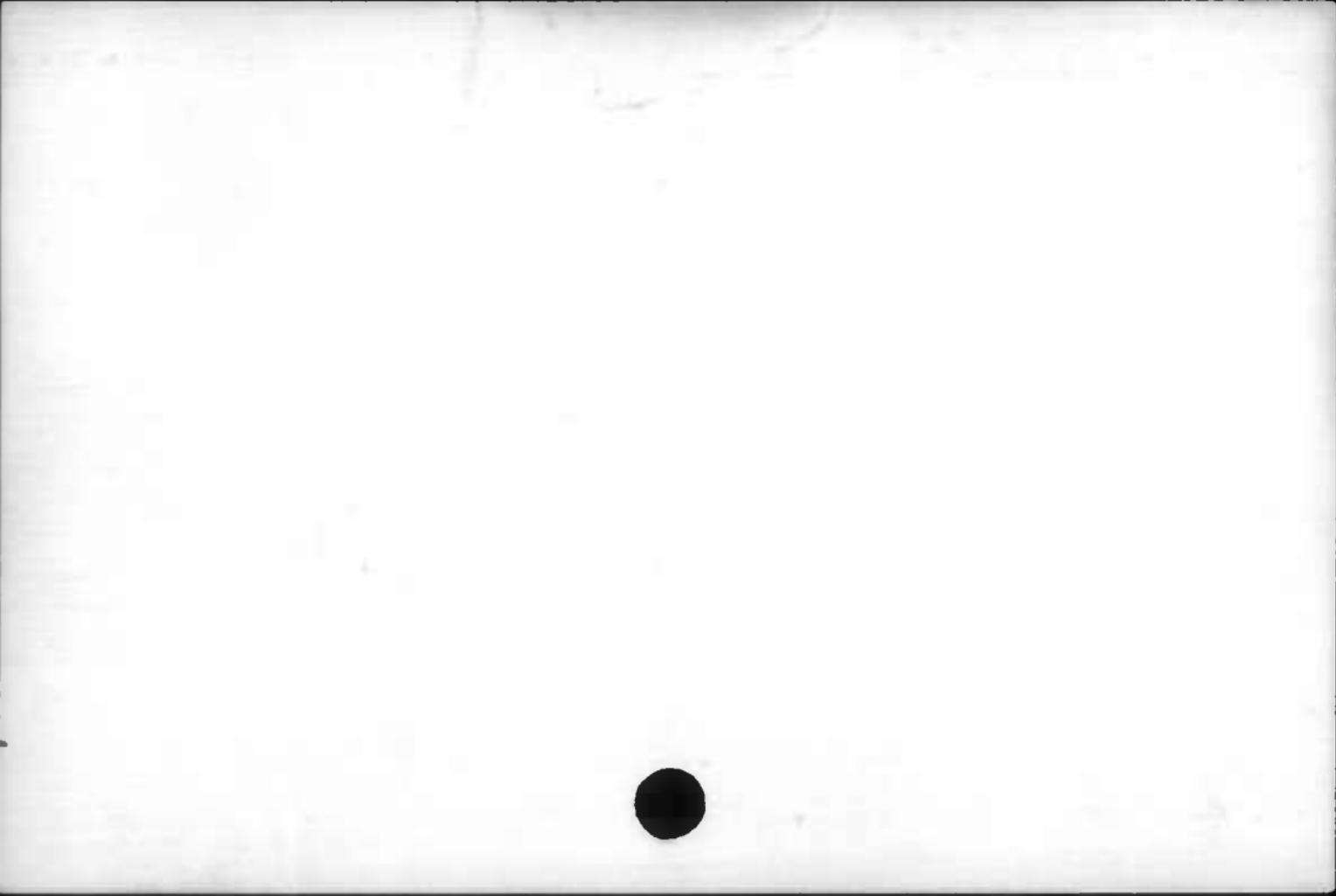
Signature of Physician

Address

H. Arthur Mitchell Jr.

Elkton Md

Resident's Signature



Name  
in  
Full

Mary G. Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **North East** Town **Cecil** County  
**MARYLAND**  
Date of death **1909 Oct 20** Month Day Years Months Days  
Sex **Female** Color or Race **White**  
Occupation **Housewife** Where Residing if not at place of death  
Married, Single or Widowed **Married** Name of Wife or Husband **George Walters**  
Father's Name **John J. Boyer** Father's Birthplace **Chester Co Pa**  
Mother's Maiden Name **Mary Ralph** Mother's Birthplace **"**  
Name of person giving Information **John R. Boyer** How related to deceased **Brother**

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Signature of Physician

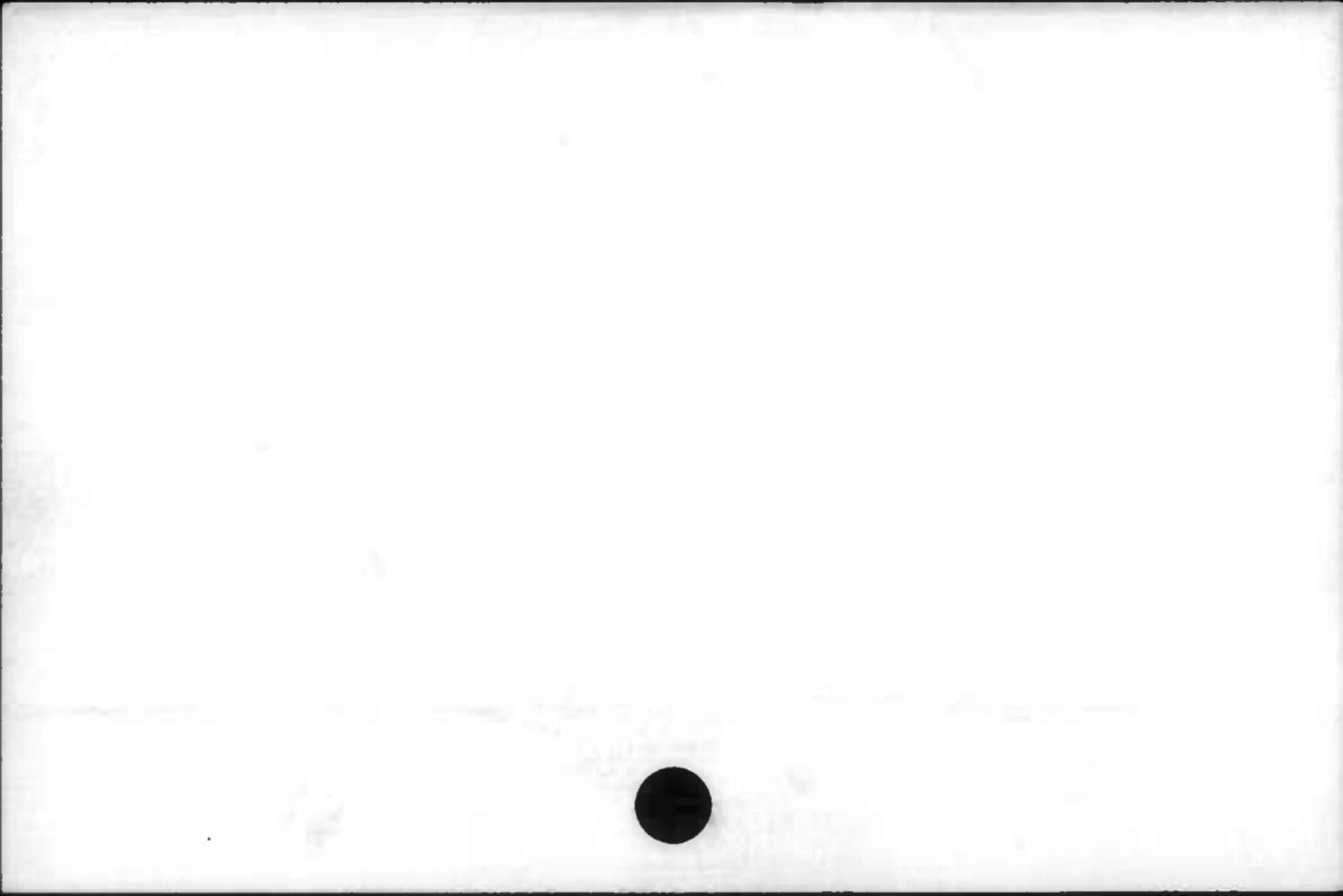
Address

95

How long



Congestion of Lungs Yes **One A. Worrall**  
How long **1 week**  
Address **North East Md**



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John P. Wilson

Town  
Dear Rising Sun

County  
Del

CERTIFICATE OF DEATH

MARYLAND

Deys

Died at  
Date of death 1909 Oct. 21

Month

Day

Years

Age

Months

9

73

Age

Sex Male

Color or  
Race

White

Birth-  
place

Delaware

Occupation

Carpenter & Farmer

Where Residing if not  
at place of death

Dear Rising Sun

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Lucy Wilson

Father's  
Birthplace

Delaware

Father's  
Name

Samuel D. Wilson

Mother's  
Birthplace

Delaware

Mother's  
Maiden Name

Mary Pierson

How related  
to deceased

Brother

Name of person giving  
Information

Thomas J. Wilson

CAUSES OF DEATH

Primary

Paralytic  
expansion

66

✓

Immediate

Yes

Signature of  
Physician

Address

J. B. Sleeter  
Resurgens  
, MD

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide

newspaper  
- found in snow near  
- yellow - yellow

Name  
in  
Full

Omar S. Woollyham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Near Earleville Cecil

County

Date  
of death

Month

1909 10 15

Day

Years

MARYLAND

Months

Days

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Jesse S. Woollyham

Mother's  
Maiden Name

Nellie P. Hustfett

Name of person giving  
Information

Jesse S. Woollyham

Father's  
Birthplace

Cecil Co. Md.

Mother's  
Birthplace

" " "

How related  
to deceased

Father

105

How long

one day

How long

Primary

Gastro entero Calicul

Immediate

Signature of  
Physician

Address

E. N. Crawford  
Bellevue  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Edwin H Worthington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Colora Town Cecil County  
**MARYLAND**  
Date of death 1909 Month Oct Day 5 Years 47 Months 5 Dey's  
Sex Male Color or Race White Birth-place Gardenville Pa  
Occupation Farmer Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Harriett J Worthington  
Father's Name Gibbet Worthington Father's Birthplace Wrightstown Pa  
Mother's Maiden Name Esther M Michener Mother's Birthplace Gardenville Pa  
Name of person giving Information Albert P Worthington How related to deceased Brother

CAUSES OF DEATH

27

Primary

Tuberculosis  
exhaustion

How long

18 mo.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Josie  
Rising sun  
Mo

PHYSICIAN  
OR CORONER



Accident or Suicide

